22/03/2002 - ASS. REC. BY:	REF: (S/ 461 700	204144/A+f3 Specia	1 Instruction:
Surveyor: Adman	ASSIGNMEN	TT (Office)	1
From (Person): Ivy Roxi	in of Ag	1 Da	ste/Time: 17.3. 2000 4277. 3
Estimated Cost:		Bill to:	
OD TP / WS / TP RES / OD To Inspect Vehicle No:	SJM 6550 C	Insured:	SLh 34512
at Workshop m/s Gyu		Tel:	92712214
of 8 Kaki Bukit Dri	4 4105-25 Pre	mier	
Policy No:		Claim No: (1000 50	924
Sum Insured:		Excess:	
Make of Veh:		. D.	O.A. 16.3. 2020
Client's Record) CA / REV / REP. / REV 2 Date/Time: [7.3.2000] 4.35	4 HRS Person Contacted:		
	ion (V) Estimate.		
SJM 650	10 C - X		
SLD 345	12 - X		
		9	1
	8		
4			

ASSIGNMENT

Current	Date: 18.	3. 2020	Veh No:	SJM 6	3502.	Yr Regn: 2009	Jan.
From:	Date.			/ M.Cycle / E	Bus / Van / Lo	rry / Taxi / Prime Mover	
Estimated Cost: OD/TP/WS/TP RES/OD RES	/ EVA / INV / MV			/ Trailer or			
	m 65500	•	Make:	Tojota	wish.	c.c /	794
at Workshop m/s Grun			Colour	Bla	wish.	A/C: Insured / Std	/ NI / NA
of 8 kati bulit Ava		Drimiar	Sp.Reading	347		T/Radio: Insured / Std	/ NI / NA
	1 4/05	, , ,	Eng/No:				
Insured:			C/No:	ZN	E10041	8850 .	
Policy No.			N. S.	Good / Fair /	Poor / Burnt		
Claims No.	Evenes:				ned / Leaked /	Burnt or	
Sum Insured:	Excess:				ned / Leaked /		
(Client's Record)					STD A/Rim or		
Make of Veh:			Tyre Size:		215/45	017.	
			Tyre Size.	R:	215/45		· ·
(Policy Condition)	and its	N/S O/S	BS / DUM /			MIC / OHTSU / PIR / SU	MI /
Remark: The veh had commend repair at the time of in		14/0 0/0	TOYOIYO		Kup.		
				,	You have	Rear	
Bal. or Market Value:	0i-t10 . Van	or No	Front R/Bal.	06	mm	R/Bal.	mm
IDAC Accident Rport:	Consistent?: Yes		L/Bal.	06		L/Bal.	mm
GIA / PR Seen:	Consistent?: Yes		D.O.A.	00	mm	D.O.I. 18/03/	1
	Res.: Yes				r	Forest.	
Lum Sum: %		or No	Survey held	-		~ >	or
CA / REV / REP. / 24 H	RS Myp"		Des. of Dan	nages : Frt 1	Rear / U/S	N/S U/C Rooftop	OI .
Date: Person C	ontacted:	Vehicle: IN / OUT	The U/C	: / Chassis	frame / Body	y Structure affected due	to collision.
Date / Time Action / Instru			1110 010				
TP Bud	get Direct			Co	E Expiry	12/01/24	
	0				1		
	1-						
m : 24 PV, 12 K							
Nett: 121							
new (1-1							
	· · · · · · · · · · · · · · · · · · ·						
	Preli. Report		Days Of Re			Curvey Con	
	Final Report		Resurvey	No. of Trip): 	Survey Fee: Transportation:	
Date/Time, File Return to?		Add Fee	. Cite	e Insp (\$) _ S + RS, _ SI	
2)		Aud Fee	Burnamanag	erview (\$) Photos	
Dan aut Farmat		•	-	ch. Invs (\$) Others	
Report Format :			The second second	eekend (\$			
Lump Sum / I.B.I: (\$)	L. vve	GI/GHU /Y		TOTAL	
						1 William	

Summer Lee (LKK Auto)

From:

Ivy Ratilla <ivy.r@budgetdirect.com.sg>

Sent:

Tuesday, 17 March, 2020 4:27 PM

To:

Admin-D (LKKAuto)

Cc:

SUR; Hansel Ang

Subject:

FW: SJM6550C & SLD3451Z Doa 16/3/20 || C10005924

Attachments:

SJM6550C.pdf; SLD3451Z.pdf

Hi Team,

We would like to arrange TP survey for SJM6550C.

Workshop information: Chris Chan Green Forest Automobile Pte Ltd Hp:92712214

Please confirm. Thank you.

Regards,

Ivy Ratilla Executive, Claims Admin

T +65 6540 2185 F +65 6725 0853 E ivy.r@budgetdirect.com.sq



Claims +65 6221 2111 Claims +65 6221 2199 Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01 Singapore Shopping Centre Singapore 239924 budgetdirect.com.sg

auto 🗟 general

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From: chan pick yuen <chris chanbebe@hotmail.com>

Sent: Tuesday, 17 March 2020 4:05 PM

To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>; Claims <claims@budgetdirect.com.sg>

Cc: Hansel Ang hansel.ang@budgetdirect.com.sg

Subject: Re: SJM6550C & SLD3451Z Doa 16/3/20 | C10005924

Dear Sir / Mdm,

LKK auto consultant

Get Outlook for iOS

From: chan pick yuen < chris chanbebe@hotmail.com>

Sent: Tuesday, 17 March 2020 1:49 PM
To: Claims < claims@budgetdirect.com.sg >
Subject: SJM6550C & SLD3451Z Doa 16/3/20

Dear Sir / Mdm ,

Enclosed is our GIA report.

Please let us have your 10 name list of surveyor to survey our client vehicle: SJM6550C . Thanks

Best Regards Chris Chan Green Forest Automobile Pte Ltd Hp:92712214

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MVA320033444 / VAC - Kaki Bukit ENTRY DATE & TIME: 17/03/2020 11:04 SUBMITTED BY: Norhaini Bte Abdul Majid

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/03/2020 11:13

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 2

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/03/2020 11:04
Date Of Accident	15/03/2020 16:00
Exact Location Of Accident	SENGKANG WEST AVENUE / SENGKANG WEST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6550C
Insured/Policyholder	
Name Of Registered Owner	GRACE AUTO LEASING
Co Reg No	5XXXX089E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96985643
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

Vehicle Category **Insurance Company**

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

5112456019-000013 TP

Cover Note Number

Driver

Name of Driver MUHAMMAD FAIZ BIN NAIM

SXXXX354Z NRIC No Date Of Birth 07/06/1995 OUTDOOR Occupation Date Of Driving Pass 13/04/2016

3 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-88516317 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 243 HOUGANG STREET 22 #01-101

Postcode

530243

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2899999 - FAX NO: 62815961

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLD3451Z

Vehicle Make/Model/Colour

NISSAN / QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FAIZ BIN NAIM

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJM6550C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLD3451Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN	11.
lamp post	-7 SENCKANG WEST ROAM
	VEHICLE A - STM 6550C
SUP ROMO FROM	VEHICLE 8 - SLO 34512
SOLGICANG WEST / All	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS	7EL	POLICE	REPORT	T/20200	315 2071	CPAYA LEBAR	NPP
			Tracking to the contract of th				
***************************************	-		***************************************				
-							
				2			
		-					

1 7 MAR 2020

DECLARATION

I/We declare the particulars are true in every respect.

Polityholder's Signal SW

Oriver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackbelivicom.com.sg.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No...

Individual Statement



F20200315207*

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20200315/2071

影 ?

CONTINUATION OF REPORT

Brief Details.

On 15/03/2020 at 1530hrs, I was travelling along Sengkang West Road in my vehicle, SJM 6550C and everything was normal. Soon after, I needed to make a U-turn at the said traffic junction and after making sure it was safe to do so, I proceeded and all of a sudden, there was another vehicle, SLD 3451Z that came out suddenly from the slit road of Sengkang West Road. I tried to evade the vehicle but I collided onto the said vehicle. The other vehicle then collided onto the lamppost number 17 located along Sengkang West Road.

Soon after, traffic police and ambulance came and the other vehicle owner's passenger was sent to the hospital due to injuries. I wish to state that there are dents on the left side of my vehicle, I was not injured from the accident and I am lodging this report for record and insurance purposes.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business	
Owner ID:	089E	
Vehicle Details		
Vehicle No.:	SJM6550C	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	18 Mar 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	WISH 1.8X A	
Primary Colour:	Black	
Manufacturing Year:	2008	
Engine No.:	1ZZ3147382	
Chassis No.:	ZNE100418850	
Maximum Power Output:	97.0 kW (130 bhp)	
Open Market Value:	\$19,940.00	
Original Registration Date:	13 Jan 2009	
First Registration Date:	13 Jan 2009	
Transfer Count:	2	
Actual ARF Paid:	\$19,940.00	
Intended PARF Rebate Details	¥17,740.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
Intended COE Reparte Details		
COE Expiry Date:	12 Jan 2024	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	5	
PQP Paid:	\$15,668.00	
COE Rebate Amount:	\$11,961.00	
Total Rebate Amount: Message	\$11,961.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 18 Mar 2020

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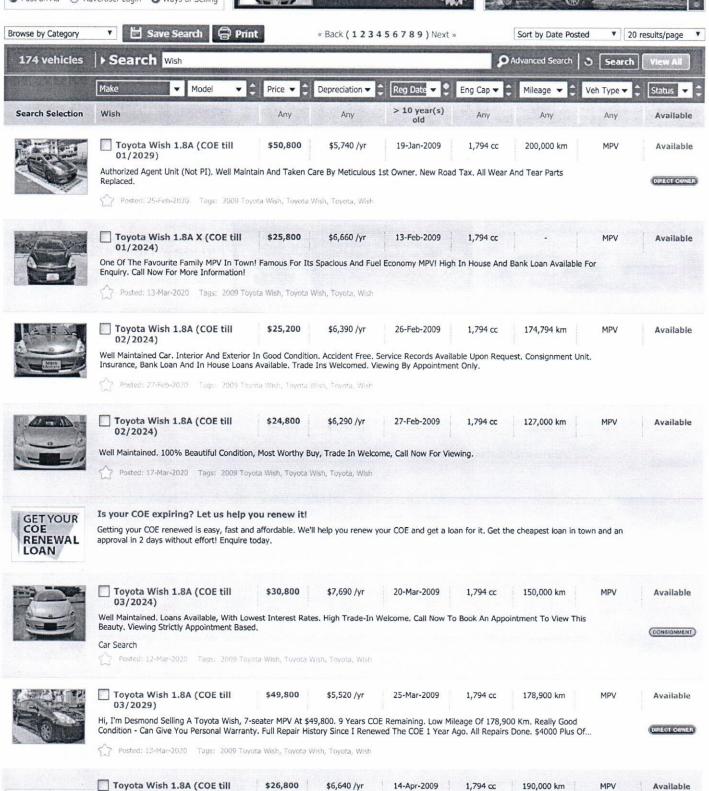
Forum

Resources











Low Cost Suitable For Short Term Commitment, Excellent Choice For It's Cheapest In Town! Good Fuel Consumption, Fully Done Up To